

FILED MAY 9 1944

State File No.

Registration District No. 231

Primary Registration District No. 5811

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Montgomery
(b) City or town Rural Montgomery
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 34 hrs (Specify whether
In this community 34 hrs years, months or days)

3. (a) PRINT FULL NAME Norma Fay Peveler

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased 4-21-44
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
34 1 1/2 hrs hr. min.

9. Birthplace Montgomery City Mo
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name Eldin Muns Peveler
13. Birthplace Montgomery Mo
(City, town, or county) (State or foreign country)
14. Maiden name Margrette Strube
15. Birthplace Montgomery Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Eldin Muns Peveler(b) Address Montgomery City Mo17. (a) Burial (b) Date thereof 4/23/44
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation New Florence Mo Cemetery18. (a) Signature of funeral director C. W. Hopkins(b) Address Montgomery City Mo19. (a) Apr 22-44 (b) Mrs C E Vandave
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Montgomery
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 3 miles West
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 21
year 1944 hour 11 minute 50 P.M.

21. I hereby certify that I attended the deceased from APRIL 20
1944 to APRIL 21 1944
that I last saw him alive on APRIL 21 1944
and that death occurred on the date and hour stated above.

Immediate cause of death PATENT FORAMON ORALE 3 1/2 hrs
Duration

Due to PREMATUREITY - 8 - mo

Due to

Other conditions 157
(Include pregnancy within 3 months of death)

Major findings: 157
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature A H Van Arsdale (M. D. or other) MDAddress Montgomery City Date signed 4/22/44

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 5-8-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.